Aims: Single port / incision laparoscopic surgery (SPILS) is a recent innovation in minimally invasive surgery which is increasingly being used across the world. This study analyses the awareness, experience and opinions of British surgeons.
Methods: Electronic, 13-item, self-administered, anonymous questionnaire survey distributed via national / regional surgical mailing lists and websites. Results were analysed with SPSS v17.0 for Windows (SPSS, Inc, Chicago, IL).
Results: 342 fully completed responses received: 72 (21%) Consultants and 189 (55%) higher surgical trainees. Overall 330 (96.5%) were aware of SPILS. Only 37% had assisted or performed SPILS procedures; more consultants than trainees (56.3 vs 32.0%, $p<0.05$). Operative experience was limited: 6% performed $\geq$25 procedures, and 60%performed $\leq$5. 61.4% believed SPILS takes longer, and 32.8% believed it has higher complication rates. Factors cited as limiting uptake included: lack of evidence (70%), insufficient training (78%), incorrect instrumentation (70%), increased cost (62%), and hospital policy (44.5%). A greater proportion of trainees (94.6% vs 78.9%) felt there were insufficient SPILS training opportunities ($p=0.001$).
Conclusions: Although awareness of SPILS is high, operative experience is limited and negative perceptions regarding operating time and complications remain. Future uptake relies strongly on the availability of evidence, training, instrumentation and reduced costs.

0656: IS AN INDUCTION PROGRAMME IN ENT FOR JUNIOR TRAINEES IMPORTNANT TO ENSURE PATIENT CARE AND SAFETY?

Liliana Jablenska, Prasad Kothari. *Luton and Dunstable Hospital, Luton, UK*

Aim: To devise and carry out an ENT induction programme for trainees working in ENT, A&E and general surgical trainees cross-covering ENT and evaluate the impact the teaching has had on their knowledge and competence in managing ENT patients.
Method: A questionnaire and MCQ paper, comprising 40 questions, was used before and following a teaching programme of lectures and practical ENT workshops to assess trainee improvement in knowledge and competence and confidence in performing simple ENT procedures.
Results: Ten F2 to CT2 grade trainees took part in the project. None of the trainees felt that they had received an adequate induction in managing ENT patients. Four of the trainees had previous ENT experience of 4 or 6 months. Two of the trainees were scored zero on the MCQ paper and the average mark was 65%. Following the teaching session the MCQ score increased to 90% and trainees reported they felt more confident in managing ENT patients and knowing when to call for senior help.
Conclusion: An induction teaching programme for trainees working with ENT patients ensures that patient care and safety is not compromised. This project has confirmed the need for formal induction of all junior trainees starting ENT.

0675: DEVELOPMENT OF A NOVEL SURGICAL SELECTION TEST BASED ON THE ROYAL AIR FORCE FLYING APTITUDE ASSESSMENT THAT HAS PROVEN TO POSITIVELY CORRELATE WITH LAPAROSCOPIC AND OPEN SURGICAL SIMULATION TESTS

Hyunmi Carty [1], Eamonn Ferguson [2], Bryn Baxendale [1], Patrick Clarke [2], Ian Sheldrake [2], Charles Maxwell-Armstrong [1]. [1] *Queens Medical Centre, Nottingham, UK;* [2] *University of Nottingham, Nottingham, UK*

Aims: Identify a test based on the Royal Air Force pilot selection assessment, which can be tailored to select those candidates who possess the technical abilities necessary for successful postgraduate surgical training.
Methods: Medical Students, FY, medical and surgical Core trainees have undertaken: 1. RAF Flying Aptitude Test (FAT) RAF Cranwell (identify those with Spatial & Verbal Reasoning, Attentional Capability, Work Rate & Psychomotor Ability) 2. Simulated validated laparoscopic (Lap Sim) box-trainer tests (bean move, block move, common bile duct cannulation & appendicectomy) 3. Open Basic Surgical skills (BSS) simulation tests (knot & instrument tie, suturing, skin lesion excision).
Results: FAT n=230, Lap Sim n=159 (Mean age 24 (19-39). 118 male & 112 females. FAT mean 51.76% (16-96%) BSS = 21. FAT + Lap Sim tests + BSS n=13 to date. Fig1 (n=159) FAT index score (%) with Total Lap Sim time (seconds) Spearman Rho 0.302 ($p=0.01$). Fig2 (n=13) BSS score with FAT index (Rho = 0.888; $p=0.01$).
Conclusions: The Flying aptitude test correlates significantly with both laparoscopic and open surgical skills simulation tests. It could be used as an adjunct to the current surgical selection process to confirm that individuals have the necessary technical skills required.

0677: IMPACT OF TRAINEE PERFORMED RESECTIONS ON POSTOPERATIVE COMPLICATIONS, LOCAL RECURRENCE AND 5-YEAR SURVIVAL FOLLOWING CURATIVE COLORECTAL SURGERY ON ELDERLY PATIENTS

Kanagaraj Marimuthu [1], Ashraf Raja [2], Jan Gearey [2], Ahsan Zaidi [2]. [1] *Macclesfield District General Hospital, Macclesfield, Cheshire, SK10 3BL, UK;* [2] *Epsom and St Helier University Hospitals NHS Trust,, Carshalton, Surrey, SM5 1AA., UK*

Introduction: Age of the patients and variability in surgical technique could influence the clinical outcome following Colorectal Cancers (CRC) surgery. This study aimed to compare whether trainee-performed curative CRC resections in elderly patients were associated with adverse clinical outcome compared to consultants.
Methods: Retrospective data of all CRC patients aged 75 and over, who underwent curative surgical resection over two years was collected. Based on grade of primary operating surgeon, patients were stratified into trainee performed or consultant performed groups. Outcomes of interest were surgical technique-related complications (bleeding, anastomotic leak and local abscess), local recurrence and 5-year survival. Statistical analysis was performed using SPSS 11.0.
Results: Among 101 underwent curative resections, trainees and consultants performed 68%(36 right & 33 left colonic) and 32%(11 right & 21 left colonic) resections respectively. Trainees were supervised for 47% of right sided and 70% of left sided colonic resections. There was no difference observed between groups in surgical technique-related complications ($P=0.16$), local recurrence rate ($P=0.40$) and 5-year survival rate ($P=0.5$).
Conclusion: This study demonstrated no significant difference in technical complications, local recurrence and 5-year survival rate between trainee and consultant performed CRC resection on elderly patients.

0679: LAPAROSCOPIC VS OPEN APPENDECTOMY PERFORMED BY SIMULATOR TRAINED SURGICAL TRAINEES; A FIVE YEARS OUTCOME STUDY

Suhail Aslam Khan, Haseeb Anwar Khokhar, A.H. Nasr, Eleanor Carton. *Surgical Department, Our Lady of Lourdes Hospital, Drogheda, Ireland*

Aim: Advances in computing have led to the establishment of simulators for the acquisition of surgical skills within a wider educational framework. This study compares the outcomes of LA and OA performed by simulator trained surgical trainees.
Methods: An observational analysis of (1349) patients undergoing appendectomies over 5 years (2006-10) performed by 30 surgical trainees having simulator base training as part of their core curriculum.
Results: A total of (1349) pts of which 731 (54.18%) had OA, 618 (45.81%) patients had LA. Mean age for OA (21.31± 2.1), LA group (26.17± 0.29). Male: female was (1: 1.8) for LA, while for OA was (1.6: 1). Trend analysis showed increase in LA from (23.93% to 66.85%), while OA decreased (70.76% to 33.14%). The time to perform LA was (47± 6.76 min's) and for OA (39± 5.43 min's). Conversion rate reduced from (8.92 to 5.98) with an increase of (43%) in LA. Length of stay for OA was (4.24± .56) and for LA (3.77± .61). 30 days complication rate for OA was (2.3%) and (7.52%; RR 2.47; $p=0.0001$) for LA group.
Conclusion: Simulators can provide safe, realistic learning environments and with their use one can improve the outcomes of common emergency procedures.

0686: SURGICAL TRAINEE SATISFACTION WITH THE INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP) REVISITED: A LARGE INDEPENDENT NATIONAL SURVEY

Philip Duggleby [1], Erlick Pereira [2], Benjamin Dean [1]. [1] *High Wycombe General Hospital, High Wycombe, UK;* [2] *John Radcliffe Hospital, Oxford, UK*

Aim: ISCP (www.iscp.ac.uk) became mandatory for British surgical trainees in 2007. We previously demonstrated widespread dissatisfaction with its 2008 version 5.1. We evaluated version 8 for improvement.